
Title:	Hospital Services Review Public Engagement Event
Meeting:	The Source Sheffield, 6 th December 2017
Author:	Katy Hyde, Engagement Lead
Date:	29/12/2017
Purpose:	To provide an opportunity for individuals to provide their opinions in relation to the pre-consultation phase of the review.

The attached document includes:

- Background
- Audience expectations
- Comments and Suggestion's
- Evaluation Feedback

Post Event Summary and Evaluation



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EVENT SUMMARY

Over 68 people from across the South Yorkshire, Bassetlaw and Chesterfield area came together on 6th December to provide their thoughts and opinions on issues relating to the Hospital Services Review. The review team were keen to hear ideas or solutions relating to the current challenges faced by those delivering the five identified services.

Helen Stevens, Associate Director Communications and Engagement, Health and Care Working Together, welcomed attendees, provided an over-view of the 'aim' of the day and asked attendees to tell us what they hoped to see covered during the sessions. (Appendix 1).

We had wide-ranging representation from across the area including members of the public, carers, staff from each trust and Healthwatch.

The feedback received from the first open event held on the 17th August helped to shape the agenda and format:

- **Dr Des Breen, Medical Director Health and Care Working Together**
 - Introduction to the Accountable Care System

- **The Hospital Services Review, Alexandra Norrish, Programme Director**
 - Why are we reviewing hospital services?
 - What challenges are we facing
 - Demand for care is growing and changing.
 - Looking at ways to make healthcare sustainable

- **Urgent and Emergency Care, Dr Nick Mallaband**
 - Urgent and emergency services help people get to the best place for their care
 - Current struggles in U&E
 - What are other places doing

- **Primary Care Services**
 - The Accountable Care Transformation agenda
 - Primary Care and the ACS
 - Primary care Networks/neighbourhoods/Primary care Homes
 - 7 day access to G.P's, Responsive extended access, community Pharmacists, benefits of pharmacy scheme.

- **Mental Health Services**
 - Liaison Services
 - Award winning Integrated care ward
 - The Ferns
 - Perinatal services
 - Mental health and Learning Disabilities Work stream priorities

- **Stroke Services, Dr Peter Anderton**
 - Hyper Acute Stroke Services



- Providing the other elements of care a stroke patient might need
- Problems with stroke services
- What happens in other places

- **Gastroenterology and Endoscopy services, Dr Mo Thoufeeq**
 - What do we do?
 - Why are we struggling with these services
 - Looking at what other places are doing

- **Maternity Services, Sharon Dickinson, head of Midwifery**
 - The different kinds of maternity services
 - We are not meeting the Better Birth Guidelines
 - What are other places doing?

- **Care of the Acutely Ill Child, Dr Nicola Jay**
 - How do children's hospital services work
 - Problems with Children's hospital services
 - Are we doing it right
 - Children living with asthma
 - What should we do instead
 - What is working well for other's

- **Summary Next Steps**
 - December – more ideas from patients and the public and ideas from the clinical working groups
 - January – April – working to develop ideas put forward by the public and clinicians and continue to engage with the public
 - End of April – Publish Hospital Services Review/Report

Attendees were offered opportunities to ask questions after each session. (Appendix 2) There were also ample opportunities to provide solutions, ideas and thoughts of how to make services more sustainable. (Appendix 3). The event was live-tweeted (summary at Appendix 4) to reach a wider audience and allow those who weren't able to attend to also ask questions related to the agenda.

NEXT STEPS

The feedback collected today and comments will be considered during the development of the proposals. Evaluation from this event will help to shape the next. A further open event has been arranged for the 8th March where members of the public will have the opportunity to provide their opinions of possible proposals.



APPENDIX 1 – ‘WHAT WOULD YOU LIKE TO BE COVERED TODAY’

These themes were returned to at the end of the day and an agreement was reached as to how well each of the points had been addressed.

- **Networking**

There were opportunities to network and this point had been achieved.

- **Work with ambulance service**

Whilst there had been some discussion relating to the role of the ambulance service it was felt that more information and discussion was needed..

- **How does mental health fit**

Evaluation from the August meeting had highlighted the need for there to be a better understanding of how mental health fitted into the bigger picture. Whilst this is not one of the services being reviewed it was identified in the Accountable Care System presentation and is a national priority, this provided a better understanding for those attending.

- **Information on centralisation and Specialisms**

This was covered well and provided a clearer understanding

- **Links with Social care and Voluntary Sector**

There was a general consensus that this wasn't covered during the meeting and more information should be available to ascertain how the services linked together.

- **Patient transfers including patient information**

This was felt to have been partially addressed though further clarification would help at future events.

- **How does HSR fit with care closer to home**

It was agreed that this had been addressed during the presentations and Q&A elements.

- **Co-ordination of services between hospitals**

It was felt that this had been addressed during the presentations and through Q&A's.

- **Implications for Chesterfield**

Partially addressed but would like to see this covered more.

- **Legality of the ACS**

This was felt to have been covered and provided a clearer understanding

- **Opportunity to voice concerns**

It was agreed that there had been opportunities after each presentation and at the end of the event.

- **Role of general hospital versus specialist**

It was felt that this had been addressed during the presentations and through Q&A's.



- **How can we be involved in shaping services (U&E/Acute)**

It was felt that this had been addressed during the presentations and through Q&A's.

APPENDIX 2 – 'QUESTIONS AND ANSWER SESSION FOLLOWING EACH PRESENTATION

Questions Posed to Des Breen and Alexandra Norrish

How do we focus the public on outcomes and for them to accept that they need to go elsewhere to get better outcomes?

- We measure outcomes/some outcomes are slow to burn (e.g. public health, which we hasn't historically had as much attention and we must deliver on these)

The government introduced competition. How will not having competition work? What happens to services when they don't meet targets? Is there a financial punishment?

- SY&B has chosen to look after its own system because of strong leadership at CEO level, working collaboratively tested and challenged already. There won't be a quick legislative change but learning will inform legislation.
- Trying to work through meeting targets together
- Regulation will be at local level
- Trying to make changes within the current legislation

This is a most welcome event. Collaboration and co-ordination are welcomed – but the ACS is not the solution. It is a diversion. The real problem is resource – not enough money from the government.

- If we continue as we are, money isn't the answer. We need to change the way we work.
- Not defending the lack of money – but coming together to improve care and services for patients is the right thing to do.

How will research fit into the ACS? Are there any opportunities to run pilot studies and roll out if working?


- We have some superb research taking place in SY&B and we want that to continue and be supported. (example of the life sciences review given)

To what extent is the medical profession on board?

- Staffs are on board with the need for change but they (we) don't (yet) know what that change is.
- G.P's will be the ones who can really take this forward
- We have been engaging with clinicians across the hospitals (in the five services in the HSR) for the last six weeks. Talking about the ACS and the future of services working together. Lots of interest and energy for change.
- We would be naïve if we thought everyone in the NHS across SY&B was on board.

Where has the STP plan disappeared to? We were told there was a 570m gap. What services are going to disappear? ACS isn't democratic. It is not accountable. Who do you answer to? You operate in competition – how will procurement change? Huge private companies are vying for scan services – will there be more competitive tendering? How do ACP's and ACS 's fit together? Where are all the partners listed? When do we have to start paying for services?

- STP and the ACs are the same thing

- 
- You are right that it is political but we have to work with it
 - We are accountable to the people of SY&B and through the current statutory organisations that exist
 - 570m was the amount we said was needed if we continued to work as we do now.

The system is at odds for people to stay well. Example was given of someone at the event who received continuing healthcare and had been told that the severity of their illness had to be proved – and one of the ways of doing this was regular attendance at A&E. The attendee didn't want to do this but wanted to stay well at home.

- Agree that perverse incentives are unhelpful and we need to get incentives right in the future.

Urgent and Emergency Care Services. Questions to Nick Mallaband:

Social Care at the right time and in place is helping to manage A&E attendances. Is this going to be rolled out?

- We care not dictating centrally what should happen but we would be looking for consistence – determining what we can do once as a system and what needs to be done locally.

Where is social care today?

- Social care is integral and local authorities are in the ACS
- Agree we need to be better connected.

The HSR is under the ASC. When will the first ACO be put out to tender and when will that be won by a private multi-national company?

- There is no intention to bring multi-nationals to the table
- Recognise that the independent sector deliver some social services.

Can't discuss what is happening in A&E without discussing the G.P's and other aspects of care. There are problems every day and we all need to be looking at them together.

- Medical complexities of people are increasing. We need to sort out hospitals by working together with primary and community care. If we work together, when one hospital has a problem we can find a solution together.

Primary Care Questions to Andy Hilton

Have you formed a G.P Federation in Sheffield? There is an unintended consequence of the national contract with G.P's and it is now subject to a judicial review.

- Yes we have it is a G.P co-operative
- There are no plans to carve up the G.P contract is SY&B

Barnsley has developed I Heart, a service where you can see a doctor up to 10pm. It looks good but I wonder how long it will be before it becomes a private company? At what point will the G.P Federation's become private companies?

- There are no plans to charge patients for access to primary care out of hours.

The journey to becoming an ACS is about shifting resource.

- Yes we need to work together to make sure we are using our resources well



Telephone consulting and G.P's - does this mean there is a need for more nurses to support this?

- We are looking at the workforce as a whole – joining up our workforce.

Mental Health. Questions to Dr Graeme Tosh:

The Fern service is excellent – congratulations. Mental and physical health should always work together. How was it funded?

- There is some national transformation funding. There is also some transformation funding in the ACS.

Stroke Services Questions to Dr Peter Anderton:

When the decision was made to change Hyper Acute Stroke Services, it was received (reported) as a negative thing (I.e. closure of services)

- Consultation process was thorough – focus groups, seldom heard conversations, telephone survey
- It wasn't about closing , it was about what didn't work
- Focus of P.R was 'good local general hospital'.
- We wouldn't be able to provide good stroke services across Doncaster and Bassetlaw

Didn't mention how you would get patients from Barnsley to Doncaster in the time mentioned before (during consultation)

- Yorkshire Ambulance Service assured us they can meet the agreed timescales
- We get information on patients before they arrive at the unit – via a special telephone

Gastroenterology and Endoscopy Questions to Dr Mo Thoufeeq:

Do all hospitals do gastroenterology seven days a week?

- Yes but not 24/7 – though all have access to a hospital that does.

Where are we doing better and where will we never make it?

- We are doing 50% better than 30 years ago. This is mainly in colonoscopies – we are doing less well with upper G.I bleed emergencies

Have there been developments in scans?


- Yes C.T scans are now very focussed

How much information do patients get?

- Patients referred as suspected cancer receive all the information.

Maternity Services Questions to Sharon Dickinson:

How many women who go home within hours of having a baby are re-admitted?

- 
- Women who go home within hours of giving birth are low risk and healthy. The risk of re-admission is extremely low.

Are there any risks to special baby care units closing?

- The intention is not to close or redeploy but for women to have more choice.

What percentages of women are high versus low risks and does this impact on provision?

- For Doncaster 60% are not low risk – we need solutions which meets the needs of our population

Why aren't enough midwives trained?

- Universities have increased the number of training places
- People don't tend to stay in the job for life now.

Can there be different training, not just academic, e.g. apprenticeship?

- We are looking at this as part of the ACS work

Care of the Acutely Unwell Child Questions to Dr Nicola Jay:

Has any research been done as to why people don't want to go to medical school?

- There aren't the places available. Around ten people apply for one place in medical school.

If you had the staffing would you recommend children's wards in all hospitals (this question made specific links to Bassetlaw Children's ward being closed at night)

- The short stay model is happening in other areas because units don't see enough children overnight
- There are other models e.g. acute paediatricians on call

Can you demonstrate the benefits to patients in centralising services?

- It's about seeing specialists whom are routinely seeing and treating children and young people – we can only do that if we bring services to fewer units. Locum staff can't provide the same safe levels of care

Why don't locums become permanent staff?

- Lots of reasons. They are paid more, there is less hassle, and people want the flexibility of working when it suits them. It is a way of life and we need to look closely at how we can offer our staff the same flexibilities.



APPENDIX 3 – SUGGESTIONS AND COMMENTS

Suggestions and Comments from Post it stations around the venue

Gastroenterology and Endoscopy Services


- Keep all services on one site – duplication across RHH and NGH is **Not** an effective way to run a service
- Specialist nursing services in community needs more priority funding – access to nurses isn't easy
- More variety of engagement methods
- Should one or two sites take urgent admissions for suspected G.I bleeds and what would this mean
- Make sure we build evaluation and learning into every work stream – small cycles of change being tested with PDSA
- Think about the role of carers in all the work – can we work with families and communities differently/better.
- Keep an eye on innovative solutions – link into networks

Maternity Services:

- It is so hard to get discharged from hospital paperwork always seems to be done after 5.00 despite being ready to go at 10.00
- How will decision to transfer women from low risk to high risk be made (antenatally during labour), How will different opinions between midwives and consultants be made?
- How will change in risk level or patient 'Choice' if not co-located e.g. Access to epidurals or post birth is traumatic
- Will mother to be, be able to choose between midwife and consultant led units
- Will over-due pregnant ladies have an induction in a midwife led unit
- What are the actual problems we face with midwifery?
- Is there an option to centralise within the region?
- How does this link to place plans? Reduce risk – biggest thing we could do is to tackle obesity
- Train more clinical staff especially within the five areas of challenge within our own region – just do it!
- Midwifery is too hard to get into! No funding needs to be more vocational
- Redesign pathways push a community focus (staffing and budgetary)
- Streamline patients to be seen more by community midwives in their homes to relieve hospital pressures
- More cohesive links with perinatal, mental health services that are equitable across boundaries geographically
- Very important to all that babies are born in own town i.e. Barnsley, Rotherham etc.
- What is impact of fast post-natal discharge on breast feeding and easy access to support breast feeding
- Use social media to publicise consultations and outcomes
- This session was at wrong time of day for mums – to be' are there any in the evenings?

Urgent and Emergency care Services:

- A&E what research has been done as to why people go to A&E? If we know the reasons we can start to solve it.
- Better education/training of care workers in care homes/nursing homes to avoid hospital admissions

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- We need to know more about the A&E's which are not busy 24/7
 - We need to know more about A&E's which are not doing work that only they can do or is below their skill level we need to see an A.C.S wide plan to get mental health liaison, peri-natal service up to consultant level
 - A&E transport/ambulance times need to be taken into consideration when deciding which A&E we go to
 - To keep local Healthwatch and SIMILAR ORGANISATIONS IN THE LOOP – DON'T JUST DIRECT THEM TO THE INFORMATION ON THE WEBSITE
 - Cross primary social care orgs – need to provide reassurance – attitude people want/demand immediate services, expectations high, concern high, we cannot stop people hitting the service the challenge is in directing and managing when they do
 - Access – if access to any service is fast/easy (i.e. not wait) people will use it more and demand will subsequently increase – how can this be managed or avoided – can it?
 - Improved pathway for G.P's to access urgent blood tests, scans, x-rays etc. via ambulatory care with improved transport availability for dependent patients – these patients often have unnecessary admission overnight due to lack of support services such as timely transport
 - Better frail/older pathways main 'door' of urgent care often most appropriate. But hugely linked to reduction in social care wardens, sheltered housing and support etc.
 - Forum for MDT provision frailty services to share practice across whole ACS
 - Can't separate emerging and urgent care from community/primary care provision. It is all related. Needs a joint working group.
 - Shared care plans for frail patients to support integration and continuity of care
 - I.T In the xxx may be what is provided in future
 - I.T - how do ambulance know what loading of A&E is at any one time. Doncaster waiting 3 hours, Bassetlaw waiting half an hour

Stroke Services:

- What is it we need to do to make sure more people get to a specialist stroke unit within four hours? 63 % only in June!
- Preventative work improves when mental and physical healthcare systems work together
- The ambulance service is going to be Central in conveying patients to the best centre for their treatment. How has this been recognised and what plans are in place to provide the augmented service?

Care of unwell children in hospital:

- Paeds – No brainer – rationalise services for sick children
- More mental health support needed for children and young people experiencing chronic conditions – would save a lot of heartache and resources later in life
- Financial support for nurses or other healthcare staff who wish to do post basic training in midwifery support for HGA's.
- Is there an option for consolidating services which improves quality
- We need a stronger community service for long term illness for children
- Include paediatric training as part of GPVTS
- Are parents encouraged to stay with children in hospital i.e. beds, comfortable chairs, they are the ones whom can pick up changes in their child
- Mental health in children very patchy in Chesterfield – main problem is feedback and co-ordination between consultants and G.P, local authority case workers - not effective treatment



COMMENTS SUGGESTIONS IDEAS FROM EVALUATION SHEETS

Where Possible Themed

Engagement:

- Engagement/consultation – ask a simple question that require a simple response
- Everyone in SY&B Everyone in SY&B should be aware of what is going on, more public engagement necessary T.V/Radio/Media
- Like all the public engagement sessions I have attended/ You wouldn't think the NHS was in crisis
- Use Facebook and Twitter to get the positive messages out
- Today is another box ticking exercise like the Healthwatch engagement sham' exercise
- Engagement/consultation – ask a simple question that require a simple response
- Everyone in SY&B Everyone in SY&B should be aware of what is going on, more public engagement necessary T.V/Radio/Media
- Evening sessions to engage staff and the public across SY&B please. Always provide some incentives, travel costs and refreshments, publicise across SY&B and through Vol/Com sector
- More generic question surveys needed. Let us have no experience of any of the five areas but we would still like your ideas please
-

Primary care:

- More financial support for G.P practices to improve care at home and in local community
- How can G.P's be expected to be a major part of the solution when they are already stretched.
- With G.P's already struggling and many will be retiring how can we prevent changes being implemented prior to ensuring general practi3 is able to cope
- Primary care must be part of the Hospital Service review – hospital services don't stand alone, the community aspect is important e.g. prevention and after e.g. rehab
- If we are to use a range of staff attitudes of patients will need to change i.e. not insist on seeing the 'Dr'.
- Is there a concerted effort for referral management from G.P's to decrease tariffs paid to hospitals to plug the £470 million sustainability gap?
- Integration isn't working at present. Voluntary groups are folding as unable to obtain folding for core costs.
- Is there any chance Dr's surgeries will be as in days gone by and open for dropping in as a patient with a personal health problem this is not considered bad enough for antibiotics

Services/Review:

- Why as there a review of hospital services without including the emergency transport service (ambulances) if there is difficulty in transporting the service is ineffective especially stroke, heart, A&E.
- Obviously ambulance service co-operation for any plans for the future – imperative



- Distribution of specialist services has got to be spread across the whole area not just based in Doncaster. What specialisms will be put into Barnsley or Rotherham
- Which services are going to be cut to save the £512 million from the SY&B budget
- Economically the centralisation of acute services looks like: Hyper stroke already S.F, Gastro already S.F No apparent change, maternity mixed picture, acutely ill child S.F
- So how do services intend on being rolled out in all areas. Ferns excellent example. Where is all the extra funding coming from?
- Why was a the question about privatisation and the tendering timetable shut down?
- CAHMS not fit for purpose
- I am sorry that some people can only see politics in these changes and that if the health service does want to survive we have to rationalise where services are provided surely specialisms and excellence is good?
- Is there a case for children's specialist doing out-reach clinics in local venues and providing in-patient care in specialist units followed by local care for recovery
- Domestic violence is a big component in infant mortality more joined dup work with police and women's and charities is needed to respond adequately
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Prevention:

- Absolutely – who will engage with the food and drink industry then?
- Focus on prevention and putting funding into community care systems and communications with them to prevent hospital admissions
- Keep people well! Physically, mentally injury/morbidity reduction, people need to contribute to keeping each other well – preventative
- Prevention agenda needs a double running with existing services for twenty five years, when health is better across population then cut back on acute services
- Co-production use families because nothing moves the thinking more than a family telling a 'suit' their lived experience face to face rather than a clinical discussion
- Not going to improve inequalities in healthcare until improvement in social care could be available at G.P surgeries and hospital out-patients
- Invest in prevention, increase exercise and improve diets – make food accessible and healthy, walk more. Relax and this will all reduce demand on over-stretched services
- As anti-biotics become less effective owing to its over-use is there an alternative in the pipeline or research rethinks e.g. complementary medicine

I.T/Training/Staffing:

- Use of I.T Skype to access specialist services E.G Wales/Australia
- Youth, mental health, educational institutes e.g. schools college university, staff have to have more skills or training if the services doesn't exist
- I am sorry that some people can only see politics in these changes and that if the health service does want to survive we have to rationalise
- Some clarity around what (all) services are going to do to make them more attractive to students/ the next generation of nurses etc.?
- Nurse bursary issue – reinstate locally and link to 'golden handcuffs'.



- Pay big issue Lost 14% - get more money in call centres and no pressure
- How do we attract people back
- Evidence that supportive workplace and manageable workload and good management are important
- Bring back student bursaries and allow people to train and learn on the job – who is going to pay £40k to train
- Training staff is vital, but we need to bring back Bursaries and scrap student fees/loans which don't support older staff to take up nursing or return to NHS
- When Brexit kicks in we will have even bigger staff shortages and a CRISIS of staff shortages at all levels

EVENT EVALUATION-

What did you enjoy most about the event?

- Presentations/Variety, the presentations were short and easy to understand (2)
- The agenda was well laid out and plenty of time for questions (even if some went unanswered) and the information pack was useful
- Presentations and Clinicians being happy to answer questions in an open and honest manner (3)
- Wide range of speakers and more local aspects rather than national perspective (2)
- Networking /meeting people from different areas (2)
- A clear explanation of SY&B ACS and the separate strands of the Hospital Services Review (3)
- Explanation/exposition's relating to ACS and HSR. Good mental health challenged referred to
- Initially felt format, delivery and timings by speakers succinct and to the point slipped as clinical areas presented.
- Opinions of public being heard
- The Sheffield sarcoma support group
- Being able to ask questions
- Presentation of primary care services and stroke services
- We felt our opinion was important.

What could we do to improve future events?

- Let us know when decisions are made/also impact legislation
- Focus on certain treatments
- Audio system could be improved for audiences questions
- Needs to be between us all, not talked to
- Less subject more detail
- Make them easier to attend
- Timings
- Requesting questions more in line with service provision relating to review
- Need social care, voluntary sector links, how they work can be improved and developed
- More networking events,
- More interactive workshops/styles/ activities
- More social care representation – very health orientated (2)
- Do not let the 'Save our NHS' people attend. We already know their agenda and it is purely political not in keeping with the events of the day
- Stop long winded questions that waste time
- Some of the presentations were short with little time for explanations on important issues



- Too much being covered in one day
- Make presentation slides available in advance and publicise the event in the services we are discussing better
- Give directions to event I came by tram before so couldn't work out how to get here (even the Source website doesn't have travel directions)
- More opportunities to work in small groups to design questions

Additional comments or suggestions:

- Need to be clearer how interested people (public) can get involved
- Input from community and voluntary services at future events
- Perhaps accept the day should finish later to enable deeper insight into subjects if the speakers are available
- Would have been nice to see social services and council
- Considering event is health and care working together very disappointing not to see people from social care giving a presentation
- Make sure all publicity reflects this affects Chesterfield and surrounding area not just SY&B
- Be clearer which of the five services affect care delivered in Chesterfield ALL or SOME?
- Would be nice to see younger people in the audience, any weekend or evening sessions planned?
- Not sure how the event was publicised as a resident of Sheffield I didn't know about it.
- List of delegates not necessarily by name, but background? Patient, public, staff commissioner etc.
- A lot of questions around clinical issues in five areas – more info on engagement would be key to the review
- Discussion groups per table would have been more productive – rather than 8 disciplines/ perhaps four subject matters
- A more social model approach we are humans not bodies
- Very interesting, more information would like to attend again
- Prevent people being overtly political. Thank you – Great event staff at venue helpful – thank you
- Some very good presentations – mental health not on brief, didn't talk about whole area problems
- We had an opportunity to ask questions and share opinions but not every point was addressed.
- More time needed for general overall questions (2)
- Finding location and parking somewhat challenging
- Too long five hours
- Poor acoustics



APPENDIX 4 – SOCIAL MEDIA COVERAGE

Social media is an effective way of communicating and engaging with a variety of audiences to:

- Disseminate information and signpost
- Raise awareness
- Collect demographic data
- Demonstrate willingness to engage in dialogue with a target audience
- Speak to a large number and variety of audiences in real-time

We therefore 'live-tweeted' the event via our @SYBhealthcare account and saw:

7,122 Impressions (how many people's timelines we reached)

248 Engagements (link clicks, picture clicks, likes, retweets)

28 Retweets

31 Likes

We also received questions from a member of the public during the **maternity** discussion which we were able to answer in real-time. These were:

- How important do you see service user engagement in improving services?
- How will you include us going forward?
- Which HCPs/Commissioners will be our point of call?
- How much do you value national reports? (Better Births)
- How do you engage with users of other services?

Full Twitter coverage from the event can be seen at the following Storify page:

<https://storify.com/SYBhealthcare/hsr6december>



APPENDIX 5 – ATTENDANCE

The event had:

- 68 people attend.
- 8 RSVPs that did not attend.
- 6 cancelled prior to the day.

Attendees included representatives from acute providers, patient/public representatives , Consultants, Nurses, Healthwatch and managers in attendance.

Each place (Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield and Chesterfield was represented.

Attendees were invited through approaches to Healthwatch, Engagement Place Leads, Voluntary and Community Sector, Trusts and other network contacts.

Of those whom attended 11 delegates refused or failed to supply their 'place' this means we cannot provide an accurate coverage of the representation but can say that the lowest number of attendees was from Chesterfield.

The Breakdown is as follows:

Sheffield	13
Doncaster	9
Bassetlaw	7
Barnsley	7
Rotherham	5
Chesterfield	2
Staff	12
Healthwatch	2



POST EVENT QUESTIONNAIRE EVALUATION

		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <p style="text-align: center; margin: 0;">Scale</p> <p style="margin: 0;">1 2 3 4 5</p> <p style="margin: 0;">No → A Lot</p> </div>					29 Written responses 1 email				
		Very Dissatisfied 1	2	3	4	Very Satisfied 5	Did not respond to the question				
1	How satisfied were you with the programme of events?	0	0	7	16	6					
2	How satisfied were you with the relevance of the presentations?	0	1	4	15	9					
3	How satisfied were you with the opportunity to ask Questions?	1	0	2	12	13	1 response given in narrative format				
4	How satisfied were you with the format of the day?	1	0	7	12	9					
5	How satisfied were you with the event location and venue?	0	0	4	13	12					
6	Overall how satisfied were you with the event?	0	0	3	12	14					
10	How likely are you to attend a similar event?	Unlikely	0	0	1	14	Very Likely				
	<i>Any Comments; For a breakdown of the commentary please see the additional sheet.</i>										